AMICO MAINTENANCE

31003 /17

# Customer SERVICE REPORT

شركة الأمين لصيانة الأجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : Dr. Soliman Fakeeh Hospital. | Telephone : | Date : 13/9/20 | Invoice#: |
| | Fax : | ☑ PPM | |
| Address | P.O. # : | ☐ Installation | |
| Jeddah. | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| | | |
|---|---|---|
| Model : EVO3E (Moria) | Serial #: 8184 | Description Microkeratome |

Problem / Error : OSFH19802

Work Report : PPM has been done as per check list.

Machine's working efficiently.

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☑ | No ☐ | Note : Customer Engineer |
| Need Follow-up | Yes ☐ | No ☑ | |
| Enclosed | | | |
| Engineer | Osama | | |

Date :

Stamp : Ahmed Alkhabrawi

Signature :


**( Hotline 9200 - Amico / 9200-26426 )**

**Head Office: Jeddah :** P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146 KINGDOM WIDE 920028289

**Riyadh Branch :** P. O. Box 55177, Riyadh 11534, KSA Tel. : +966-11- 480 0407 Fax. : +966-11- 480 3034

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**Abha Branch :** Al Rajhi Center - Khalidiya - Abha - KSA Tel. : +966-17-228 8790 Fax. : +966-17-228 8791

**Hail Branch :** Hail - KSA Tel. : +966-16-558-6266 Fax. : +966-16-558-5080

**Qassim Branch :** Qassim - Buraidah - KSA Tel. : +966-16-326-3115 Fax. : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com


*Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant*

AMICO MAINTENANCE

# Customer SERVICE REPORT

31006 /17

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : Dr. Soliman Fakeeh Hospital. | Telephone : | Date : 13/9/20 | Invoice#: |
| | Fax : | ☑ PPM | |
| Address | P.O. # : | ☐ Installation | |
| Jeddah. | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| | | |
|---|---|---|
| Model : VX-10 | Serial #: 16187000209 | Description Fundus Camera. |

Problem / Error :

Work Report : PPM has been done as per checklist.

Machine's working efficiently.

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |
| | | | | | |
| | | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☑ No ☐ | Note : Customer Engineer | Date : Ahmed Alyambaawi |
| Need Follow-up | Yes ☐ No ☑ | | Stamp : |
| Enclosed | | | Signature : |
| Engineer | Osama | | |

**( Hotline 9200 - Amico / 9200-26426 )**


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*Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant*

AMICO MAINTENANCE

19692 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : | Telephone : | Date : 16/9/20 | Invoice#: |
| | Fax : | ☐ PPM | |
| Address Sulimaniyah | P.O. # : | ☐ Installation | |
| Fayhaa | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☐ Contract | Clinic 2 |
| Contact Person : | | ☐ Paid Service | |

Model : Supereyeclinic | Serial #: 8081 | Description Freezing

Problem / Error : PPM Carried out For Freezing Unit

Work Report :
BM900 S/N: 12032
AT900 S/N: 13594
CP770 S/N = 167602
Ophthalmoscope Beta 700
OMEGA 500 S/N= 1121001817

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☑ | No ☐ | Note : Customer Engineer |
| Need Follow-up | Yes ☐ | No ☑ | |
| Enclosed | | | |
| Engineer | Yousif | | |

Date :
Stamp : Ahmed Alyambaawi
Signature :

**( Hotline 9200 - Amico / 9200-26426 )**


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AMICO MAINTENANCE

19689 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : | Telephone : | Date : 16/9/20 | Invoice#: |
| | Fax : | ☐ PPM | |
| Address Sulimaniyah | P.O. # : | ☐ Installation | 007 |
| Faqeeh | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☐ Contract | Clinic1 |
| Contact Person : | | ☐ Paid Service | |

| | | | |
|---|---|---|---|
| Model : Supr executive | Serial #: 332 | Description | Frigitemp |

Problem / Error : PPM Carried out for Supr executive

Include = BPM900 DSFH12585
Application software
DT3100 S/N = 721326
CP770 S/N = 162329
Beta 200 Retinoscope & Ophthalmoscope
Omega 500 S/N: 112100818 12

Work Report :

Optical ☐ Ophtha ☐ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |
| | | | | | |
| | | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☐ | No ☐ | Note : Customer Engineer |
| Need Follow-up | Yes ☐ | No ☐ | |
| Enclosed | | | |
| Engineer | | | |

Date :
Stamp : Ahmed Alyanbaawi
Signature :


**( Hotline 9200 - Amico / 9200-26426 )**

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AMICO MAINTENANCE

# Customer SERVICE REPORT

31004 /17

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : Dr. Soliman Fakeeh Hospital. | Telephone : | Date : 13/9/20 | Invoice#: |
| | Fax : | ☑ PPM | |
| Address Jeddah. | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| | | |
|---|---|---|
| Model : RS-330 Duo | Serial #: 740450 | Description OCT. |

Problem / Error :

Work Report : PPM has been done as per check list.

Machine's working efficiently.

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| Date | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☑ | No ☐ | Note : Customer Engineer |
| Need Follow-up | Yes ☐ | No ☑ | |
| Enclosed | | | |
| Engineer | Osama Yosef | | |

Date :

Stamp : Ahmed Alyamani

Signature :


( Hotline 9200 - Amico / 9200-26426 )

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AMICO MAINTENANCE

31005 /17

# Customer SERVICE REPORT

شركة الأمين لصيانة الأجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : Dr. Soliman Fakeeh Hospital. | Telephone : | Date : 13/9/20 | Invoice#: |
| Address | Fax : | ☑ PPM | |
| Jeddah. | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| | | |
|---|---|---|
| Model : GVC-1000 | Serial #: 12054 | Description Green Laser |

Problem / Error :

Work Report : PPM has been done as per check list.
Machine's working efficiently.

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| Date | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☑ | No ☐ | Note : Customer Engineer |
| Need Follow-up | Yes ☐ | No ☑ | |
| Enclosed | | | |
| Engineer | Osama | | |

Date :
Stamp : Ahmed Alyamaawi
Signature :


**( Hotline 9200 - Amico / 9200-26426 )**

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AMICO MAINTENANCE

31002 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : Dr. Soliman Fakeeh Hospital. | Telephone : | Date : 13/9/20 | Invoice#: |
| | Fax : | ☑ PPM | |
| Address | P.O. # : | ☐ Installation | |
| Jeddah. | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| | | |
|---|---|---|
| Model : YC-1600 | Serial #: 60846 | Description Yag Laser |

Problem / Error :

Work Report : PPM has been done as per check list.

Machine's working efficiently.

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period:

Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |
| | | | | | |
| | | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☑ | No ☐ | Note : Customer Engineer |
| Need Follow-up | Yes ☐ | No ☑ | |
| Enclosed | | | |
| Engineer | Osama | | |

Date : Ahmed Alzahrani

Stamp :

Signature :


**( Hotline 9200 - Amico / 9200-26426 )**

**Head Office: Jeddah :** P.O.Box 3871 Jeddah 21481 - KSA, Tel.: +966-12-660 1149 / 665 5766, Fax: +966-12-660 1146, KINGDOM WIDE 920028289

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AMICO MAINTENANCE

19705 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 13/9/20 | Invoice#: |
|---|---|---|---|
| | Fax : | ☑ PPM | |
| Address Sulimon Eqeeh Hospital | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| Model : US4000 | Serial #: 4061 | Description NIDEK |
|---|---|---|

Problem / Error :

Work Report : PPM Done successfully

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| Work Complete | Yes ☑ | No ☐ |
|---|---|---|
| Need Follow-up | Yes ☐ | No ☑ |
| Enclosed | Osman | |
| Engineer | | |

Note : Customer Engineer

Date :
Stamp : Ahmed Alyamaawi
Signature :

**( Hotline 9200 - Amico / 9200-26426 )**


**Head Office: Jeddah :** P.O.Box 3871 Jeddah 21481 - KSA, Tel.: +966-12-660 1149 / 665 5766, Fax: +966-12-660 1146, KINGDOM WIDE 920028289

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*Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant*

AMICO MAINTENANCE

31001 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : Dr. Soliman Fakeeh Hospital. | Telephone : | Date : 13/9/20 | Invoice#: |
| Address Jeddah. | Fax : | ☑ PPM | |
| | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☐ Contract | |
| Contact Person : | | ☐ Paid Service | |

| | | |
|---|---|---|
| Model : MC-500 | Serial #: 50898 | Description Multi-Color Laser |

Problem / Error : DSFH12520.

Work Report : PPM has been done as per check list.

Machine's working efficiently.

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |
| | | | | | |
| | | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☑ No ☐ | Note : Customer Engineer | Date : |
| Need Follow-up | Yes ☐ No ☑ | | Stamp : Ahmed Alyanbaawi |
| Enclosed | | | Signature : |
| Engineer | Osama | | |


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AMICO MAINTENANCE

19697 /17

# Customer SERVICE REPORT

شركة الأمين لصيانة الأجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/20 | Invoice#: |
|---|---|---|---|
| | Fax : | ☐ PPM | |
| Address Sulimen Faqeeh | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| Model : ARK1 | Serial #: 433205 | Description NIDEK |
|---|---|---|

Problem / Error :

Work Report : PPM carried out

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| Work Complete | Yes ☑ | No ☐ | Note : Customer Engineer | Date : |
|---|---|---|---|---|
| Need Follow-up | Yes ☐ | No ☑ | | Stamp : Ahmed Alyambaawi |
| Enclosed | | | | |
| Engineer Yousuf | | | | Signature : |


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AMICO MAINTENANCE

19688 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|---|---|---|
| Hospital / Clinic : | Telephone : | Date : 16/4/20 | Invoice#: |
| | Fax : | ☑ PPM | |
| Address Sulimen Fagieh | P.O. # : | ☐ Installation | Clinic 3 |
| | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| | | |
|---|---|---|
| Model : Super Executive | Serial #: 803 | Description Frastema |

Problem / Error :

PPM Carried out for Super Executive with Haag BQ 900 S/N = 01255
Work Report : NIDEK RT 3100 S/N = 822997
Ophthalmoscope
Retina Scope
NIDEK Chart CP770 S/N: 167609
AT 900 S/N: 10303

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| Total Travel | | Total Work | | Total Expenses: | |
|---|---|---|---|---|---|

| | | | |
|---|---|---|---|
| Work Complete | Yes ☐ | No ☐ | Note : Customer Engineer |
| Need Follow-up | Yes ☐ | No ☑ | |
| Enclosed | | | |
| Engineer | Fousy | | |

Date : Ahmed Alyambaawi
Stamp :
Signature :


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AMICO MAINTENANCE

19698 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/20 | Invoice#: |
|---|---|---|---|
| | Fax : | ☑ PPM | |
| Address | P.O. # : | ☐ Installation | |
| Suliman Fageeh | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| Model : NT 510 | Serial #: 130318 | Description NIDEK |
|---|---|---|

Problem / Error : Non Contact Tonometer

Work Report : PPM carried out

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| Work Complete | Yes ☑ | No ☐ |
|---|---|---|
| Need Follow-up | Yes ☐ | No ☑ |
| Enclosed | | |
| Engineer | Yousuf | |

Note : Customer Engineer

Date :
Ahmed Alrumaihi
Stamp :
Signature :


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AMICO MAINTENANCE

19691 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/2020 | Invoice#: |
|---|---|---|---|
| | Fax : | ☑ PPM | |
| Address Sulimani Eqleah | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | 013 |
| | SAP Service Call #: | ☐ Contract | clinic 4 |
| Contact Person : | | ☐ Paid Service | |

| Model : ARK S10A | Serial #: 333181 | Description : NIDEK |
|---|---|---|

Problem / Error :

Work Report : PPM carried out for ARK S10A

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |
| | | | | | |
| | | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | |

| Work Complete | Yes ☐ | No ☐ | Note : Customer Engineer | Date : Ahmed Alyambawi |
|---|---|---|---|---|
| Need Follow-up | Yes ☐ | No ☑ | | Stamp : |
| Enclosed | Yousif | | | Signature : |
| Engineer | | | | |


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AMICO MAINTENANCE

19693 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/20 | Invoice#: |
|---|---|---|---|
| | Fax : | ☑ PPM | |
| Address Sulimany | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| Fayeela | SAP Service Call #: | ☑ Contract | Amico |
| Contact Person : | | ☐ Paid Service | |

| Model : SL17 | Serial #: 3185510173 | Description Kowa |
|---|---|---|

Problem / Error :

Work Report : PPM carried out

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | |

| Work Complete | Yes ☑ | No ☐ | Note : Customer Engineer | Date : Ahmed Alyamani |
|---|---|---|---|---|
| Need Follow-up | Yes ☐ | No ☑ | | Stamp : |
| Enclosed | | | | Signature : |
| Engineer | Tariq | | | |


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*Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant*

AMICO MAINTENANCE

19694 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/20 | Invoice#: |
|---|---|---|---|
| | Fax : | ☑ PPM | |
| Address | P.O. # : | ☐ Installation | |
| Sulmun | Received thru: | ☐ Warranty | |
| Fageeh | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| Model : Tonolen | Serial #: 23377-0710 | Description Riechert |
|---|---|---|

Problem / Error :

Work Report : PPM Done Successful

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| Work Complete | Yes ☑ | No ☐ |
|---|---|---|
| Need Follow-up | Yes ☐ | No ☑ |
| Enclosed | Yousif | |
| Engineer | | |

Note : Customer Engineer

Date : Ahmed Alrabaawi
Stamp :
Signature :


**( Hotline 9200 - Amico / 9200-26426 )**

**Head Office: Jeddah :** P.O.Box 3871 Jeddah 21481 - KSA, Tel.: +966-12-660 1149 / 665 5766, Fax: +966-12-660 1146, KINGDOM WIDE 920028289

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*Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant*

AMICO MAINTENANCE

19690 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/20 | Invoice#: |
|---|---|---|---|
| | Fax : | ☐ PPM | |
| Address Sumen Faqeeh | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | 013 |
| | SAP Service Call #: | ☐ Contract | clinick |
| Contact Person : | | ☐ Paid Service | |

| Model : super executive | Serial #: 740 | Description Frasleng |
|---|---|---|

Problem / Error : PPM carried out Include
BM900 S/N: 02571
RT3100 S/N: 821460

Work Report : Retinoscope ophthalmoscope Beta 200 Qty: 4
AT900 S/N:
CP770 S/N: 165966
Omega 500 S/N: 112101B350

Optical ☐ Ophtha ☐ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | |

| Work Complete | Yes ☐ | No ☐ |
|---|---|---|
| Need Follow-up | Yes ☐ | No ☐ |
| Enclosed | | |
| Engineer | Yousif | |

Note : Customer Engineer

Date : Ahmed Alyamani
Stamp :
Signature :


( Hotline 9200 - Amico / 9200-26426 )

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AMICO MAINTENANCE

19695 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/20 | Invoice#: |
|---|---|---|---|
| | Fax : | ☑ PPM | |
| Address Sulimen | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| Fageeh | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| Model : TonoPen | Serial #: 28039-1014 | Description Riechert |
|---|---|---|

Problem / Error :

Work Report : PPM carried out

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | | |

| | | | |
|---|---|---|---|
| Work Complete | Yes ☑ | No ☐ | Note : Customer Engineer |
| Need Follow-up | Yes ☐ | No ☑ | |
| Enclosed | | | |
| Engineer | Fouad | | |

Date :
Stamp : Ahmed Al Yamani
Signature :


**( Hotline 9200 - Amico / 9200-26426 )**

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AMICO MAINTENANCE

19699 /17

# Customer SERVICE REPORT

شركة الأمين لصيانة الأجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/2020 | Invoice#: |
|---|---|---|---|
| | Fax : | ☑ PPM | |
| Address Sulimen Faqeeh | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| Model : S/N:507622 | Serial #: LM600 | Description NIDEK Lensmeter |
|---|---|---|

Problem / Error :

Work Report : PPM carried out

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | |

| Work Complete | Yes ☑ | No ☐ |
|---|---|---|
| Need Follow-up | Yes ☐ | No ☑ |
| Enclosed | Yes | |
| Engineer | | |

Note : Customer Engineer

Date :
Stamp : Ahmed Al Yambaawi
Signature :

**( Hotline 9200 - Amico / 9200-26426 )**


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AMICO MAINTENANCE

19700 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| Hospital / Clinic : | Telephone : | Date : 16/9/2020 | Invoice#: |
|---|---|---|---|
| | Fax : | ☑ PPM | |
| Address Sulimon Faqeeh | P.O. # : | ☐ Installation | |
| | Received thru: | ☐ Warranty | |
| | SAP Service Call #: | ☑ Contract | |
| Contact Person : | | ☐ Paid Service | |

| Model : XEC 330 | Serial #: 62105 | Description NIDEK |
|---|---|---|

Problem / Error :

Work Report : PPM carried out

Optical ☐ Ophtha ☑ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|---|---|---|---|---|---|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses: | | |

| Work Complete | Yes ☑ | No ☐ |
|---|---|---|
| Need Follow-up | Yes ☐ | No ☑ |
| Enclosed | Yousif | |
| Engineer | | |

Note : Customer Engineer

Date : Ahmed Alyambaawi
Stamp :
Signature :

**( Hotline 9200 - Amico / 9200-26426 )**


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